



AHCCCS ELIGIBILITY REQUIREMENTS April 1, 2006

Where to Apply	Eligibility Criteria				General Information
	Household Monthly Income by Household Size (After Deductions) ¹	Resource Limits (Equity)	Social Security #	Special Requirements	Benefits

Coverage for Children

S.O.B.R.A. Children Under Age 1	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,144 \$1,540 \$1,937	N/A	Required	N/A	AHCCCS Medical Services ³
S.O.B.R.A. Children Ages 1 - 5	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent 1/2 of Child living with 2 parents 1/3 of	\$1,087 \$1,463 \$1,840 ²	N/A	Required	N/A	AHCCCS Medical Services ³
S.O.B.R.A. Children Ages 6 - 19	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Child living alone Child living with 1 parent or spouse 1/2 of Child living with 2 parents 1/3 of	\$ 817 ² \$1,100 \$1,384	N/A	Required	N/A	AHCCCS Medical Services ³
KidsCare Children Under Age 19	Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 2 3 4 Add \$567 per Add'l person	\$1,634 \$2,200 \$2,767 \$3,334	N/A	Required	<ul style="list-style-type: none"> Not eligible for Medicaid No health insurance coverage within last 3 months Not available to State employees, their children, or spouses \$10-35 monthly premium covers all eligible children 	AHCCCS Medical Services ³

Coverage for Families or Individuals

AHCCCS for Families with Children	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$284 per Add'l person	\$ 817 \$1,100 \$1,384 \$1,667	N/A	Required	<ul style="list-style-type: none"> Family includes a child deprived of parental support due to absence, death, disability, unemployment or underemployment 	AHCCCS Medical Services ³
AHCCCS Care (AC)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	Applicant living alone Applicant living with spouse 1/2 of	\$ 817 \$1,100	N/A	Required	<ul style="list-style-type: none"> Ineligible for any other categorical Medicaid coverage 	AHCCCS Medical Services ³
Health Insurance for Parents	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office or Mail to KidsCare 920 E. Madison, MD 500 Phoenix, Arizona 85034	1 2 3 4 Add \$567 per Add'l person	\$1,634 \$2,200 \$2,767 \$3,334	N/A	Required	<ul style="list-style-type: none"> Ineligible for any categorical Medicaid coverage Parent living with a child who is eligible under S.O.B.R.A. or KidsCare. No health insurance coverage within last 3 months Not for State employees, their children, or spouses \$15-\$25 monthly premium for each covered parent \$15-\$25 enrollment fee before coverage can begin 	AHCCCS Medical Services ³
Medical Expense Deduction (MED)	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	1 2 3 4 Add \$114 per Add'l person	\$ 327 \$ 440 \$ 554 \$ 667	\$100,000 No more than \$5,000 liquid	Required	<ul style="list-style-type: none"> Ineligible for any other Medicaid coverage. May deduct allowable medical expenses from income 	AHCCCS Medical Services ³

Coverage for Women

S.O.B.R.A. Pregnant	DES/Family Assistance Office Call 1-800-352-8401 for the nearest office	For a pregnant woman expecting one baby: Applicant living alone Applicant living with: 1 parent or spouse 2/3 of Applicant living with 2 parents 1/2 of (Limit increases for each expected child)	\$1,463 \$1,840 \$2,217	N/A	Required	Need proof of pregnancy	AHCCCS Medical Services ³
Breast & Cervical Cancer Treatment Program	Well Women Healthcheck Program Call 1-888-257-8502 for the nearest office	N/A	N/A	N/A	Required	<ul style="list-style-type: none"> Under age 65 Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Healthcheck Program Ineligible for any other Medicaid coverage 	AHCCCS Medical Services ³



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Coverage for Elderly or Disabled People

Long Term Care	ALTCS Office Call 602-417-7000 or 1-800-654-8713 for the nearest office	\$ 1,809 Individual	\$2,000 Individual ⁴	Required	<ul style="list-style-type: none"> Requires nursing home level of care or equivalent May be required to pay a share of cost Estate recovery program for the cost of services received after age 55 	AHCCCS Medical Services ³ , Nursing Facility, Home & Community Based Services, and Hospice
SSI CASH	Social Security Administration	\$ 603 Individual \$ 904 Couple	\$2,000 Individual \$3,000 Couple	Required	<ul style="list-style-type: none"> Age 65 or older, blind, or disabled 	AHCCCS Medical Services ³
SSI MAO	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034	\$ 817 Individual \$1,100 Couple	N/A	Required	<ul style="list-style-type: none"> Age 65 or older, blind, or disabled 	AHCCCS Medical Services ³
Freedom to Work	Mail to: 701 E. Jefferson MD 7004 Phoenix, AZ 85034 602-417-6677 1-800-654-8713 Option 6	\$2,042 Individual Only Earned Income is Counted	N/A	Required	<ul style="list-style-type: none"> Must be working and either disabled or blind Must be age 16 through 64 Premium may be \$0 to \$35 monthly <p>+ Need for Nursing home level of care or equivalent is required for Long Term Care (Nursing Facility, Home & Community Based Services, or Hospice)</p>	AHCCCS Medical Services ³ Nursing Facility, Home & Community Based Services, and Hospice

Coverage for Medicare Beneficiaries

QMB	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 817 Individual \$1,100 Couple	N/A	Required	<ul style="list-style-type: none"> Entitled to Medicare Part A 	Payment of Part A & B premiums, coinsurance, and deductibles
SLMB	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 817.01 – \$ 980 Individual \$1,100.01 – \$1,320 Couple	N/A	Required	<ul style="list-style-type: none"> Entitled to Medicare Part A Not receiving Medicaid benefits 	Payment of Part B premium
QI-1	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$ 980.01 – \$1,103 Individual \$1,320.01 – \$1,485 Couple	N/A	Required	<ul style="list-style-type: none"> Entitled to Medicare Part A Not receiving Medicaid benefits 	Payment of Part B premium
QDWI	Mail to SSI MAO 1209 E. Washington, MD 400 Phoenix, Arizona 85034 Or call 602-417-7000 or 1-800-654-8713 for the nearest ALTCS office	\$1,634 Individual \$2,200 Couple	\$4,000 Individual \$6,000 Couple	Required	<ul style="list-style-type: none"> Entitled to enroll in Medicare Part A Not receiving Medicaid benefits 	Payment of Part A premium

NOTE: Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants.

Applicants for S.O.B.R.A., AF Related, AC, MED, SSI-MAO, and Long Term Care who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

¹ Income deductions vary by program, but may include work expenses, child care, and educational expenses.

² Income considered is the applicant's income, plus a share of the parent's income for a child, or a share of the spouse's income for a married person.

³ AHCCCS Medical Services include, but are not limited to, doctor's office visits, immunizations, hospital care, lab, x-rays, and prescriptions.

⁴ If the applicant has a spouse living in the community, between \$2,488 and \$99,540 of the couple's resources may be disregarded.